

# 2008 National Leadership Meeting Orlando, Florida ~ July 13-17, 2008



## MISSOURI ROOMING ASSIGNMENT REQUESTS

*NOTE: The Chapter Advisor should complete this form for the delegates attending from their school.*

Name of School/Chapter \_\_\_\_\_

Contact Name/Home Phone # \_\_\_\_\_

Are you sharing housing with another chapter? If yes, please list: \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Name(s) of delegate(s) in room:	Male or Female?	Name(s) of delegates in room:	Male or Female?
1.		1.	
2.		2.	
3.		3.	
4.		4.	
If this room has less than 4 people in it, would you be willing to accept an additional person? <input type="checkbox"/> Yes  <input type="checkbox"/> No, we wish this room to remain a: <input type="checkbox"/> DOUBLE <b>OR</b> <input type="checkbox"/> TRIPLE room		If this room has less than 4 people in it, would you be willing to accept an additional person? <input type="checkbox"/> Yes  <input type="checkbox"/> No, we wish this room to remain a: <input type="checkbox"/> DOUBLE <b>OR</b> <input type="checkbox"/> TRIPLE room	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
If this room has less than 4 people in it, would you be willing to accept an additional person? <input type="checkbox"/> Yes  <input type="checkbox"/> No, we wish this room to remain a: <input type="checkbox"/> DOUBLE <b>OR</b> <input type="checkbox"/> TRIPLE room		If this room has less than 4 people in it, would you be willing to accept an additional person? <input type="checkbox"/> Yes  <input type="checkbox"/> No, we wish this room to remain a: <input type="checkbox"/> DOUBLE <b>OR</b> <input type="checkbox"/> TRIPLE room	

Comments/Special Needs: \_\_\_\_\_

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Send no later than April 20, 2008 to: FCCLA, c/o The Meeting Connection, 893 High Street, Suite J, Worthington, Ohio, 43085. (Phone: 614-888-2568, Fax: 614-888 1684)